



Greater Burlington YMCA Membership Application

Membership Type: Youth (12 & Under) Adult (24 - 64) 2 Adult Family**
 Teen (13 - 17) 2 Adult (no dependents)*** Senior (65 & Older)
 Young Adult (18 - 23) 1 Adult Family* 2 Seniors (65 & Older)***

* 1 Adult Family Membership = One adult and their dependents (under age 24)

** 2 Adult Family Membership = Two adults, living in the same residence (proof required), and their dependents (under age 24)

*** 2 Adult and 2 Seniors = Two adults, living in the same residence (proof required)

PRIMARY MEMBER (Please print clearly)

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address _____ D.O.B. ____/____/____

2ND ADULT ON MEMBERSHIP

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address _____ D.O.B. ____/____/____

DEPENDENTS ON MEMBERSHIP

Name _____ D.O.B. ____/____/____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

GREATER BURLINGTON YMCA CODE OF CONDUCT

- We are committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are in our facility, on our property, or participating in our programs.
- GBYMCA members are expected to abide by our **Code of Conduct** that reflects our values of Caring, Honesty, Respect, and Responsibility. The complete **Code of Conduct can be found in the Membership section of our website, www.gbymca.org**
- The GBYMCA reserves the right to revoke membership privileges at any time for violation of policies or behavior not in accordance with our mission, Code of Conduct, and/or core values.
- As a courtesy to others, there is **NO cell phone use in Locker Rooms, Aquatics, and Fitness Areas.**

LOCKER ROOM POLICY

- Lockers are available for day use only. Items left in a locker overnight will be removed.
- Please be sure to lock your belongings. The GBYMCA is not responsible for lost or stolen items.
- Please don't leave valuables in the locker room. Valuables may be checked at the cell phone/wallet lockers.

continued on back...

MEMBERSHIP POLICIES

1. It is my understanding that if I wish to terminate or change my membership in any way, I must give the GBYMCA notice of change or hold prior to the end of the month.
2. I understand that there is a termination policy. All memberships are on a calendar month-to-month basis. Payments are due on the 1st or 15th of the month, but still represent payment for the calendar month.
3. Members may request a membership hold for up to 2 months per year. Members may not use GBYMCA facilities while a membership is on hold. Payments must be current to use the facility. There is a \$10 monthly fee for managing hold.
4. For security reasons, **it is mandatory that we have every member's photo on file!** We will never publish this photo, or use it in any way other than to verify your identity as you enter the workout areas.
5. I understand that I will receive at least 30 days notice of any changes in membership rates. If paying on an annual basis, membership fees will be adjusted at time of renewal.
6. GBYMCA membership is a continuous plan. I understand that this membership will remain in effect until I terminate my membership in accordance with the termination policy.
7. Should any payment not be honored by my bank/credit card company for any reason, I understand that the GBYMCA will attempt to process that payment again before contacting me via phone. I understand that I am still responsible for that payment plus a service charge applied by the GBYMCA. This is in addition to any service fee my bank may charge me or the GBYMCA.
8. The GBYMCA expects members to abide by our Code of Conduct and all membership policies on gbymca.org and reserves the right to terminate membership upon non-payment of fees or inappropriate conduct.
9. Membership is non-transferable.
10. Annual memberships are non-refundable. This policy may be adjusted if I have a medical reason stated in writing by my physician.

PHOTO AND VIDEO WAIVER

I understand that photos and/or video of me, as well as all individuals listed on the membership application, may be taken by the GBYMCA on occasion, and I hereby grant permission for my name and likeness to be used for any legitimate purpose in any form of media, now or hereafter developed by the GBYMCA.

NOTICE OF SEX OFFENDER SCREENING

The GBYMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the GBYMCA reserves the right to cancel membership, end program participation, and remove visitation access.

FINANCIAL ASSISTANCE POLICY

Thanks to the generous support of donors, the GBYMCA provides financial assistance for children, teens, adults, and families who cannot afford the full cost of a GBYMCA membership and programs. In determining assistance levels, we consider a number of factors, including total household income, expenses, and the number of household members. We require supporting documentation to verify household size and income, and consider special circumstances when providing assistance. Due to possibly changing financial circumstances, we require that you reapply for financial assistance every 6 months. Your information is always kept confidential. We ask that those who receive GBYMCA financial assistance pay a percentage of the membership or program cost and to please recognize that financial assistance funds are limited.

SUPPORT YOUR COMMUNITY — GBYMCA Annual Fund

The GBYMCA is committed to providing support and financial assistance to those who need it. Your support funds programs such as scholarships for swim lessons, child care, camps, and wellness options for our neighbors in need. Please consider giving to the Annual Fund and mark your choice below. Both options are tax-deductible. *Thank you!*

- I would like to give \$ _____ as a one-time contribution.
- I would like to give \$ _____ each month to be included with my monthly membership payment.

PLEASE READ THE FOLLOWING CAREFULLY BECAUSE IT AFFECTS YOUR RIGHTS:

Waiver & Release from Liability

I understand that there is a risk of injury associated with participation in any YMCA program or use of its facilities. In consideration for Greater Burlington YMCA ("GBYMCA") membership, participation in its programs and/or use of its facilities, I assume full responsibility for any and all injuries, damages or losses in any way arising from or connected with my participation in GBYMCA programs or use of its facilities. By doing so, I hereby waive any right to sue the GBYMCA and release, hold harmless and forever discharge it, its employees and agents, individually or otherwise, from any and all liability, claims, lawsuits, demands, rights or causes of action of any kind, including negligence. I certify that all of the information provided on my application is true.

I UNDERSTAND THAT THIS AGREEMENT CONSTITUTES A BINDING PROMISE. I HAVE READ AND AGREE TO IT. By signing, I agree that I have read, understand, and agree to the content contained within this GBYMCA membership application.

Primary Member's Signature

Date

Secondary Member's Signature (optional)

Date

OUR MISSION: The Greater Burlington YMCA is a non-profit organization with a mission to build a strong community by involving youth, adults and families in programs and activities that develop spirit, mind and body.